



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE

**MORENO, GLENN JAYSON DERESAS**

**TIN: 339-164-490-000**

**TISA HILLS VENUS ST. CEBU CITY**

**BIRTH DATE: 01/07/1992**

**ISSUE DATE: 06/26/2020**



  
SIGNATURE

Alexander S.  
Son - OAS,Cebu DEC 06, 2016

### Employee Static Information

C.R.N.

SS Number **06-3906881-1**Date of Birth **01-07-1992**Member  
Name**MORENO, GLENN JAYSON DERESAS**

Date of Coverage

### Address & Contact Information

#### MEMBER DETAILS

E-1 Flag Status :	E-1 FILED
Sex :	MALE
Reporting Date :	
Reporting ID :	
Latest ER ID :	
Latest ER Name :	
Claim Flag Status :	NO CLAIM
SS Number Status :	SS NUMBER ACTIVE
Transferred to (New SS Number) :	
Coverage Status :	PRIOR REGISTRANT
Change in Coverage Status :	NO STATUS CHANGE
Date of Loan Disqualification :	
SS Number Withdrawal Reason :	
Record Location :	CEBU
SMB PB Enrollment Information :	<ul style="list-style-type: none"> <li>MEMBER NOT YET ENROLLED IN THIS PROGRAM</li> </ul>



## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121188297764
REGISTRATION TRACKING NUMBER	916343090541

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	MORENO	GLENN JAYSON		DERESAS	<input type="checkbox"/>
FATHER	MORENO	SALVADOR	JR	THUBA	<input type="checkbox"/>
MOTHER (Maiden Name)	DERESAS	GERALDINE		REGIS	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	MORENO	GLENN JAYSON		DERESAS	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
01/07/1992		SINGLE			
PLACE OF BIRTH			CITIZENSHIP		
CEBU CITY, CEBU			FILIPINO		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
MALE	167.00	68.00			
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER	
				For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code	

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS				COUNTRY + AREA CODE + TELEPHONE NUMBER	
Unit/Room No., Floor		Building Name		HOME	
Lot No.	Block No.	Phase No.	House No.	Street Name	
Subdivision		Barangay		CELLPHONE	
Municipality/City		Province/State/Country		+63 (0943) 5330619	
CEBU CITY		CEBU, PHILIPPINES		BUSINESS (DIRECT LINE)	
ZIP Code				BUSINESS (TRUNK LINE)	
6000				E-MAIL ADDRESS	
				glennjaysonm@gmail.com	
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no.	
				Block no.	
				Phase No.	
House No.		Street Name		Subdivision	
				Barangay	
				TISA	
Municipality/City		Province/State/Country		Zip Code	
CEBU CITY		CEBU, PHILIPPINES		6000	
PREFERRED MAILING ADDRESS					
PERMANENT HOME ADDRESS					

1:04

Mary Help of All Christians Parish



Metro Cebu Water District Tisa Water...

Odevilas Subdivisi

Eli's Villa

Wazareth St

Katipunan St

Katipunan St

Venus

Venus

Neptune

3 min

YKL CEBU Transient Houses2

Saturn St

Saturn St

Third St

South Verdana Subdivision Phase 1

First St

Buhisan Rd

First St

Virgo St

Sitio San Miguel Rd

Tisa Barangay Hall

Way Tugpahay Siomai Sa Tisa

Buhisan Rd

House of Frutas- Cebu

Google

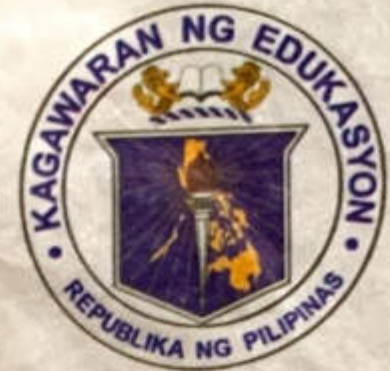
Dominic St

Cabarrubias St

Naya Village 2nd



Republika ng Pilipinas  
 Republic of the Philippines  
 Kagawaran ng Edukasyon  
 Department of Education  
 Rehiyon VII, Sentral Visayas  
 Region VII, Central Visayas  
 SANGAY NG LUNGSOD NG CEBU  
 DIVISION OF CEBU CITY



# TISA NIGHT HIGH SCHOOL

PAARALAN  
 School

*Pinatutunayan nito na si*

This certifies that

*Glenn Jayson R. Deresas*

*ay maluwalhating nakatapos ng kurso sa Sekundarya na itinakda para*

has satisfactorily completed the secondary academic course prescribed for

*sa Mataas na Paaralan ng Kagawaran ng Edukasyon*

High School by the Department of Education

*kaya pinagkalooban siya nitong*

and hereby awarded this

**Katunayan**  
 CERTIFICATE

*Nilagdaan sa Lungsod ng Cebu, Pilipinas*

Signed in Cebu City, Philippines

*Ngayong ika- 01 ng Abril, 20 14*

This 1<sup>st</sup> day of April, 20 14



*Edwin S. Cabla*  
**EDWIN S. CABLAO**  
 PUNONG-GURO  
 Principal

*Rhea Mar A. Angtud*  
**RHEA MAR A. ANGTUD, Ed.D., CESO VI**  
 TAGAPAMANIHALA  
 Superintendent

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province <b>CEBU</b>	Registry No.
City/Municipality <b>CEBU CITY</b>	

1. NAME (First) <b>AMARAH MADISSON</b>	(Middle) <b>TUBURAN</b>	(Last) <b>MORENO</b>
2. SEX (Male / Female) <b>FEMALE</b>	3. DATE OF BIRTH (Day) <b>29</b> (Month) <b>MARCH</b> (Year) <b>2019</b>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <b>VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU</b>		
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>N/A</b>	5c. BIRTH ORDER (Order of this birth in previous live births including fetal death) (First, Second, Third, etc.) <b>1ST</b>
		6. WEIGHT AT BIRTH <b>2,830</b> grams

7. MAIDEN NAME (First) <b>HONEY LEE</b>	(Middle) <b>LEBRADILLA</b>	(Last) <b>TUBURAN</b>
8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>
10a. Total number of children born alive <b>1</b>	10b. No. of children still living including this birth <b>1</b>	10c. No. of children born alive but are now dead <b>0</b>
11. OCCUPATION <b>NONE</b>		12. AGE at the time of this birth (completed years) <b>21</b>
13. RESIDENCE (House No., St., Barangay) <b>MOHON II, FILTER SITE, TISA</b> (City/Municipality) <b>CEBU CITY</b> (Province) <b>CEBU</b> (Country) <b>PHILIPPINES</b>		

14. NAME (First) <b>GLENN JAYSON</b>	(Middle) <b>DERESAS</b>	(Last) <b>MORENO</b>
15. CITIZENSHIP <b>FILIPINO</b>		16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>
17. OCCUPATION <b>CALL CENTER AGENT</b>		18. AGE at the time of this birth (completed years) <b>27</b>
19. RESIDENCE (House No., St., Barangay) <b>VENUS ST., TISA</b> (City/Municipality) <b>CEBU CITY</b> (Province) <b>CEBU</b> (Country) <b>PHILIPPINES</b>		

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) <b>NOT MARRIED</b>	20b. PLACE (City / Municipality) (Province) (Country) <b>NOT MARRIED</b>
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21a. ATTENDANT

1 Physician  2 Nurse  3 Midwife  4 Hilot (Traditional Birth Attendant)  5 Others (Specify) \_\_\_\_\_

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)

I hereby certify that I attended the birth of the child who was born alive at **1:04 AM** am/pm on the date of birth specified above.

Signature **MICHELLE ANN G. OUANO, MD** Address **VSMCC, CEBU CITY**

Name in Print **MEDICAL OFFICER III** Date **MARCH 29, 2019**

22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ Name in Print <b>HONEY LEE L. TUBURAN</b> Relationship to the Child <b>MOTHER</b> Address <b>CEBU CITY, CEBU</b> Date <b>MARCH 29, 2019</b>	23. PREPARED BY Signature _____ Name in Print <b>JEHZEL C. BARDINAS</b> Title or Position <b>CLERK</b> Date <b>MARCH 29, 2019</b>
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24. RECEIVED BY Signature _____ Name in Print <b>LUZ N. CUGAY</b> Title or Position <b>ADMINISTRATIVE AIDE III</b> Date _____	25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date _____
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REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

**CERTIFIED TRUE COPY**

BY: \_\_\_\_\_  
 DATE: **MAR 29 2019**  
 MEDICAL RECORDS SECTION  
 VSMCC  
 CEBU CITY



REPUBLIC OF THE PHILIPPINES  
**CERTIFICATE OF LIVE BIRTH**  
 (Fill out completely, accurately and legibly in ink or typewriter)

(To be accomplished in triplicate)

SID: 000607237AE567B5D2120F80B8A4074915902F  
 04/02/2014 07:57:53 AM

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS SALVADOR T. MORENO AND GERALDINE R. DERESAS ON MAY 18, 1992 AT DAVAO CITY, DAVAO DEL SUR UNDER REGISTRY NUMBER 2014-470. THE CHILD SHALL BE KNOWN AS: GLENN JAYSON DERESAS MORENO

PROVINCE CEBU LOCAL CIVIL REGISTRY NO. 92-570  
 CITY/MUNICIPALITY CEBU CITY

1 NAME (First) GLENN JAYSON (Middle) REGIS (Last) DERESAS  
 2 SEX (Place "x" on appropriate answer) XX 1 Male 2 Female DATE OF BIRTH (Day) 07 (Month) JANUARY (Year) 1992  
 4 PLACE OF BIRTH (Name of Hospital/Institution; If not in hospital, give street/barangay) CRONG HUA HOSPITAL (City/Municipality) CEBU CITY (Province) CEBU  
 5 a TYPE OF BIRTH (Place "x" on appropriate answer) X 1 Single 2 Twin 3 Three or more b IF MULTIPLE BIRTH, CHILD WAS 1 1 First 2 Second 3 Third, 4th, etc.  
 6 MAIDEN (First) GERALDINE (Middle) REGIS (Last) DERESAS 7 NATIONALITY FILIPINO 8 RELIGION ROMAN CATHOLIC  
 9 NAME (First) SALVADOR (Middle) TEUBA (Last) MORENO 10 NATIONALITY FILIPINO 11 RELIGION ROMAN CATHOLIC  
 12 DATE AND PLACE OF MARRIAGE OF PARENTS (important: if not applicable, fill Affidavit of Acknowledgment at the back) N/A

13 CERTIFICATE OF ATTENDANT AT BIRTH  
 I hereby certify that I attended the birth of the child who was born alive at 5:17 o'clock a.m. p.m. on the date stated above.  
 Signature [Signature] Address c/o Chong Hua Hospital  
 Name in print SINNIA C. ZARSONA, M.D. Address Fuente Osmana, Cebu City  
 Title or position Attending Physician Date January 10, 1992

14 INFORMANT  
 Signature [Signature] Address 370 Katipunan Street, Labangon, Cebu City  
 Name in print GERALDINE REGIS DERESAS Date January 09, 1992  
 Relationship to child MOTHER

15 a PREPARED BY  
 Signature [Signature] Name in print BERNARDINA I. GERONA Title or position Clerk-Record Section Date January 10, 1992  
 b RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
 Signature [Signature] Name in print NIDA A. NUNEZ Title or position CLERK III Date LATE RC'D 1/12/92

16 a INFORMATION GIVEN IN SUPPLEMENTAL REPORT b DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for items 17 to 25. The code 02548 to be filled out at the office of the Local Civil Registrar.)

PROVINCE Cebu Local Civil Registry No. 92-570 Registration Status 15  
 CITY/MUNICIPALITY Cebu City

17 Weight of Birth (In grams) 2,500 Grams 18 Birth Order of Child Ex. First, Second, etc. Third  
 19 a. Total Number of Children born Alive three b. How many children are now living including this birth? three c. How many children were born alive but are now dead None  
 20 Usual Occupation HOUSEWIFE 21 Age at the time of this Birth 23 years old  
 22 Usual Residence (Barangay) Labangon, (City/Municipality) Cebu City, (Province) Cebu  
 23 Usual Occupation DRIVER 24 Age at the time of this Birth 30 years old  
 25 Attendant of Birth (Place "x" on appropriate answer) X 1 Physician 2 Nurse 3 Midwife 4 Pilot 5 Others

Sex Male Date of Birth 07 JAN 1992 Place of Birth CEBU CITY Mother's Nationality PH Father's Nationality PH  
 NAME OF CHILD  
 First GLENN M.I. JAYSON Last DERESAS

RESERVE FOR BINDING

MS. EDITHA R. ORCULLA  
 Chief, Document Management Division

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BEST POSSIBLE IMAGE



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 DJ000134654

BReN  
 02217-A92A710-2

Documentary  
 Stamp Tax Paid

*Lisa Grace S. Bersales*  
 LISA GRACE S. BERSALES, Ph.D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority





Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000

Healthline (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)

08 December 2016

Member Name : **MORENO , GLENN JAYSON DERESAS**  
Member Address : **HILLS VENUS ST TISA, CEBU CITY, CEBU 6000**

Member Category : **INFORMAL ECONOMY INFORMAL SECTOR**

We are glad that you are now registered with the National Health Insurance Program (NHIP), a program being administered by the Philippine Health Insurance Corporation (PhilHealth).

Your lifetime PhilHealth Identification Number (PIN) is : **1202-5582-5238**

In order for you or any member of your family be entitled to the benefits of the NHIP especially during hospitalization, you or with your employer, or local government or sponsor should have paid the required number of monthly contributions to the Program.

It is important that you always use your PIN in paying your contributions and when you or any member of your family avail of NHIP benefits during hospitalization.

We would like to give you and your family continued protection on health.

Respectfully,

WILLIAM O. CHAVEZ  
Regional Vice President  
PRO - VII Cebu City

*This is a system generated document, signature is not required*